

**LICENSED  
SPECIAL FUELS DEALER'S  
ESTIMATED TAX PAYMENT**

**FOR DEPARTMENT USE ONLY**

\_\_\_\_ / 5 / 5 / \_\_\_\_ / \_\_\_\_  
Account Number Tax Mo. Yr.

► *Type or print clearly.*

► *Complete all information.*

Name and Address of Dealer \_\_\_\_\_

License Number \_\_\_\_\_

Federal Employer ID Number \_\_\_\_\_

Estimated Tax for Month of \_\_\_\_\_, 19\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Name of person to contact  
regarding this report \_\_\_\_\_

**INSTRUCTIONS**

Kentucky Revised Statute 138.240 provides that the Licensed Special Fuels Dealer's Monthly Report shall be filed on or before the 25th day of the next succeeding calendar month following the month to which it relates. KRS 138.270 further provides that 95 percent of the report month's tax liability may be remitted by the 25th day of the month and the report filed on or before the last day of the month and the additional tax liability remitted with the report.

The month used to determine the estimated tax liability is the month for which you are requesting an extension.

1. Tax liability for the report month .....	\$	
2. Estimated tax (95% of Line 1) (enter this amount on Line 21, Form 72A138) .....	\$	
3. Less overpayment on last monthly report filed (attach copy of credit authorization).....	\$	
4. Amount of payment (Line 2 minus Line 3).....	\$	

**IMPORTANT NOTICE**

Make check payable to: KENTUCKY STATE TREASURER

Mail report and check to: KENTUCKY REVENUE CABINET, FRANKFORT, KENTUCKY 40619

**CERTIFICATION**

I hereby certify that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

